

### *Coordination of Benefits (COB) Contractor and the Managed Care Process*

As of January 1, 2001, Medicare carriers will no longer receive or accept requests from regional managed care organizations (MCOs) to update WA MSP auxiliary records that the MCOs could not update. Effective January 1, 2001, such requests should be forwarded to the COB Contractor. Carriers have been instructed to return requests with mailroom date receipts, January 1 and after, back to the requesting MCO. Carriers will be required to work through current inventory prior to the January 1, 2001.

#### **Managed Care Surveys/Questionnaires**

Effective January 1, 2001, the MCO must send the COB Contractor completed WA surveys or questionnaires for WA MSP situations that the MCO cannot update on the Common Working File (CWF). In addition, the MCO's request to the COB Contractor must be accompanied with a CWF referral form as described in the section below.

#### **CWF Referral Form**

Effective January 1, 2001, MCOs must forward a CWF referral form (see attachment) to the COB Contractor to request changes. Each individual beneficiary request must contain a separate referral form. This form may not be altered.

These requests should be forwarded to the following address:

MEDICARE- Coordination of Benefits Contractor  
MSP Claims Investigation Project  
P.O. Box 5041  
New York, NY 10274-5041

WA surveys or questionnaires are the "supporting documentation" and must be attached to the CWF referral form. This referral form will serve as the MCO's communication vehicle for requesting changes. All fields on the referral form that serve to identify the beneficiary and MCO are mandatory. CWF referrals forwarded to the COB Contractor without "supporting documentation" will be returned to the MCO upon receipt. In addition, the "action" section must indicate the request. There is a "Comments" section for any additional information the MCO may need to communicate to the COB Contractor. For example, the MCO may want to indicate to the COB Contractor, that although there is no precise date of retirement on the survey, the MCO did attempt to contact the employer for additional information. This is discussed further in the section below.

## **Managed Care Organizations**

It is the expectation that MCOs will continue to exhaust all avenues of investigation before forwarding requests to the COB Contractor. Exhausting all avenues, for this purpose is defined as, “Developing with all parties (e.g., beneficiary, employer, third party payer) for more information regarding retirement date or termination date of other coverage.” If the MCO has exhausted all avenues and is still unable to acquire a reasonable response, the MCO must forward this case file to the COB Contractor. The MCO’s case file should contain any and all development information received (e.g., copies of responses, notes) pertinent to the CWF request. In addition, the MCO may support its position by adding comments to the “comments” field on the CWF referral form.

## **COB Contractor**

The COB Contractor will only receive those CWF referral forms and supporting documentation (as noted above) that will necessitate a change to the CWF, that cannot be performed by the requesting plan through McCoy. Upon receipt, the COB Contractor shall review all information received for completeness, determine appropriate action to be taken, and shall enter all pertinent information into CWF using the CWF maintenance transaction within 45-calendar days of date stamped receipt from the MCO. If it is found during the review process that any information received is vague, ambiguous, or incomplete, the request shall be returned to the requesting MCO within 45-calendar days of COB mailroom date stamped receipt, with a written explanation or annotation indicating why no action was taken. The MCO is expected to review and remedy deficits in information as indicated by the COB Contractor before resubmitting for action. Resubmitted requests to the COB Contractor are reset to the 45-calendar day window for COB completion. If the COB Contractor has information on file (e.g., employer letter, retirement letter) that is in direct opposition to the information that the MCO forwarded, the COB Contractor shall send the MCO a written explanation or annotation as to why no action was taken. The COB Contractor is responsible for resolving any edits that are the result of maintenance transactions that they send to CWF.

## **Contacting the COB Contractor**

As stated above, the COB Contractor will review each request and determine next action steps. There may be instances where the COB Contractor may not return an update request, but may choose to request the MCO to fax additional supporting documentation. The COB Contractor shall retrieve contact information from the CWF referral form that the MCO submitted. If a MCO receives such a request from the COB Contractor, the MCO must respond within 5 business days of that request. The information may be faxed to (646) 458-6760 or (646) 458-6762, unless otherwise indicated by the COB Contractor. Information that is not faxed to the COB Contractor within 5 business days of its request, may result in the MCO’s initial request being returned to the MCO without COB Contractor action.

**Information must not be faxed to the COB Contractor unless requested. Under no circumstances, may the MCO choose to fax CWF update requests as opposed to mailing them.**

The MCO may contact the COB Contractor after 50-calendar days for a status on an update request that was mailed to the COB Contractor. The MCO should only call for a status after the 50-calendar day period; if there has been no CWF update activity, there has been no request from the COB Contractor for more information, or the MCO has not received a rejection from the COB Contractor. When calling the COB Contractor, the MCO will need the beneficiary's health insurance claim number (HICN) and the MCO contract number (e.g. H0000) to facilitate the status update. The COB Contractor will produce an on-line report to identify all requests and transactions that have been received for that beneficiary. The MCO 50-calendar day timeframe is calculated based on the mailing date from the MCO. For example, if a MCO mails a request on 1/10/2001, the MCO should not contact the COB Contractor for a status until, 3/1/2001. The COB Contractor's customer service number is 1-800-999-1118. This number is available for use anywhere in the United States. The COB Contractor Customer Service number is operational 8:00 a.m. to 8:00 p.m. eastern standard time, Monday through Friday, except holidays.

### **Integrity**

In an effort to ensure the highest integrity and quality of information contained on the CWF, the COB Contractor is the ultimate source in determining what information will be added, modified, or deleted from the CWF.

**CWF REFERRAL FORM**  
**IRS/SSA/HCFA DATA MATCH, IEQ and HMO WA RECORD**

Notice To:  
MEDICARE - Coordination of Benefits Contractor  
Attn: MSP Claims Investigation Project  
P.O. Box 5041  
New York, NY 10274-5041

Referring Contractor/Managed Care:  
Name  
Address

Contact Person: \_\_\_\_\_  
Telephone#  
Referring Managed Care ID#

☐ **CHECK IF SECOND REQUEST**

**CHECK ONE BELOW:**

- ☐ **IEQ related** (Originating Contractor # 99999 or 11101)  
☐ **Data Match related** (Originating Contractor# 77777 or 11102)  
☐ **HMO Working Aged Related**

**PLEASE RESPOND WITHIN 45 DAYS OF DATE OF RECEIPT**

Date: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_  
SEX: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Group Name (HUSP Field #41)

(\***NOTE for HUSP Field #41:** For **Originating Contractor 99999 and 11101** this field may be left blank, but for **Originating Cont 77777 and 11102** this field will contain a number. For those records with **Originating Cont 77777 or 11102**, please provide that 9-digit number.-*This HUSP field may be different on the HIHO-MSPA screen.*)

Subscriber Last Name :  
Subscriber First Name :  
Employee ID Number :

Please refer to the MSP data contained on HIMR-MSPA/HIHO-MSPA for the above-named beneficiary. The Originating Contractor for the MSP occurrence(s) is \_\_\_\_\_.  
Date of Accretion (DOA): \_\_\_\_\_.

Action is required for the items indicated and checked below. (**Attach supporting documents for each change requested and provide CWF SP edit received when attempting to update a record, if applicable.**)

- \_\_\_\_\_ Delete auxiliary record. **SP edit** \_\_\_\_\_  
\_\_\_\_\_ Please change termination date to \_\_\_\_\_. **SP edit** \_\_\_\_\_  
\_\_\_\_\_ Update record with \_\_\_\_\_ as termination date. **SP edit** \_\_\_\_\_  
\_\_\_\_\_ Change in Medicare entitlement (from Disabled to Aged). **SP edit** \_\_\_\_\_  
\_\_\_\_\_ **(PLEASE SPECIFY IN COMMENTS FIELD BELOW.)**  
\_\_\_\_\_ Family coverage error. Policy is worker only since \_\_\_\_\_.  
\_\_\_\_\_ Invalid data provided by employer.  
\_\_\_\_\_ **(PLEASE SPECIFY IN COMMENTS FIELD BELOW.)**  
\_\_\_\_\_ Identified worker has taken a Vow of Poverty. By law, in Vow of Poverty Cases, Medicare is primary beginning 1/1/83.  
\_\_\_\_\_ Other. **PLEASE SPECIFY IN COMMENTS FIELD BELOW.**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

